Docket No.:

## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MOBILE COMMUNICATION TERMINAL INCLUDING NON-CONTACT

IC CARD AND METHO	D OF TRANSF	ERRING	TRANSACTION	INFORMATION	1				
the application of which is attached hereto	a N	☐ was filed o s United State Yumber Confirmation	es Application Number or	), and was amended on					
	(if applicable).								
I hereby state that I have reviewed and by any amendment specifically referred	understand the content to above.	s of the abov	e identified application, in	ncluding the claims, as	amended				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.									
Prior Application Number(s)	Country		Filing Date	Priority Claimed Yes No					
2003-100062	Japan		April 3, 2003	<b>3</b> 0	 				
I hereby claim benefit under 35 United States Code §119(e) of any United States provisional application(s) listed below.									
Application Number(s)		any Omicu Si	ates provisional applicant	om(s) usted below.					
· · ·	cadon (tumber (s)		rinig Date						
I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:									
Prior U.S. or International Application Nu	umber(s) U.	S. or Internatio	nat Filing Date	Status					
I hereby appoint all attorneys of SUGHI attorneys to prosecute this application therewith, recognizing that the specific	RUE MION, PLLC wh	no are listed u	ander the USPTO Custor	ner Number shown bel	ow as my				

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVI	ENTOR:						
Given Name (first and middle [if any])  Ryutaro		Family Name or Surname KOGAWA					
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City Tokyo	State	Zip 108-8001		Country Japan			
NAME OF SECOND INVENTOR:			•				
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF THIRD INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			